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ABSTRACT

This manual provides the regional clinical coordinator with ideas of what a clinical support system for the National Health Service Corps (NHSC) providers should include and ideas on how to create effective regional systems. Following an introductory section, the first of three additional sections defines the purpose of clinical support systems as being twofold: first, to support the physician as he adjusts to his new isolated role in the practice of medicine, and second, to fill the gaps in his training. The second section provides a brief discussion of the scope of clinical support service. Section 3 describes four roles of regional clinical coordinators: (1) to understand the needs of and maintain contact with NHSC practitioners, (2) to identify appropriate resources within each state in their region, (3) to develop specific projects with each institution, and (4) to evaluate the effectiveness of the program. A personal continuing medical education assessment form is appended. (LRA)

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CONTINUING MEDICAL EDUCATION
FOR
NATIONAL HEALTH SERVICE CORPS PERSONNEL
A MANUAL FOR REGIONAL CLINICAL COORDINATORS

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INTRODUCTION

The purpose of this small pamphlet is to give you as Regional Clinical Coordinator, some ideas of what a clinical support system for the National Health Service Corps providers should include and to give you some ideas on how you can create effective systems in your own region. The information in this pamphlet is based on the experience of the National Health Service Corps/CME Project at the University of New Mexico which has been funded by the Bureau of Health Manpower to develop clinical support services for the National Health Service Corps in New Mexico and southern Colorado. Because the experience was gained in a rural environment, this pamphlet may not be applicable to large urban areas.

What does clinical support mean?

The basic concept is that most of the National Health Service Corps providers have recently completed their medical training in tertiary care institutions in large cities. Now, these same physicians are thrust rather abruptly into rural clinics where they no longer have access to numerous consultants nor to the full spectrum of laboratory and radiologic aids in making diagnoses. At the same time, it is clear that no matter how carefully planned any given doctor's training is there will always be some gaps between what he was trained to do and the kinds of problems he is actually presented in his practice. The purpose of clinical support systems then is two-fold: first, to support the physician as he adjusts to his new isolated role in the practice of medicine, and second, to fill the gaps in his training.

The clinical support services need to be individualized to each physician's particular problems. Some will be very anxious in their new setting. Others will be perfectly self-sufficient. Some practitioners will be working in a system that is already functioning; others will be starting a clinic from scratch. Each one will have particular needs.

As an educational program, the clinical support system should be "andragogical". Andragogy is a term coined by Malcolm Knowles, an expert in adult education, to differentiate the education of adults from the education of children (pedagogy). His book, The Modern Practice of Adult Education, covers in detail his concept of andragogy and its implications for any program in adult education. Some of Dr. Knowles' assumptions are listed below.

"These assumptions are that, as a person matures, 1) his self-concept moves from one of being a dependent personality toward one of being a self-directing human being; 2) he accumulates a growing reservoir of experience that becomes an increasing resource for learning; 3) his readiness to learn becomes oriented increasingly to the developmental tasks of his social roles; and 4) his time perspective changes from one of postponed application of knowledge to immediacy of application, and accordingly his orientation towards learning shifts from one of subject-centeredness to one of problem-centeredness." *

This concept of andragogy is discussed in more detail in the pamphlet addressed to directors of clinical support systems.

* Knowles, Malcolm S., The Modern Practice of Adult Education, Association Press, 1976, page 39. Reprinted with the permission of the publisher.

What is the scope of clinical support services?

A symposium was held in Albuquerque, New Mexico in February 1978 to Develop a National Health Service Corps Continuing Medical Education Support System. In the proceedings of that symposium, a list of eight specific items were identified as the main components of a clinical support system. These were:

1. The need for a regional or local coordinator for any clinical support system.
2. The desirability of having a circuit riding physician as a consultant-facilitator.
3. The need for telephone consultation directed toward a known consultant.
4. The need for a list of referral resources.
5. The need for cluster gatherings and regional conferences of NHSC assignees.
6. The need for some type of ongoing needs assessment.
7. The need for an on-site educational resource center.
8. The need for a mechanism to evaluate such a clinical support system.

The main point behind most of these items was the need to have someone in the immediate area who would be a contact for the NHSC providers, who would have visited the clinics and would have a clear idea of the kinds of problems they have to face, and who would respond to their needs. Also, it was felt necessary for NHSC providers to get together on a local, statewide, or regional basis to share problems, to

commiserate with one another, and perhaps to share solutions to particular problems. The idea of having an on-site educational resource center meant having a specific project that could provide alternative types of continuing education such as short term preceptorships, small discussion conferences around specific needs of practitioners, or setting up tutorials for a particular physician.

What is the role of the Regional Clinical Coordinator?

Turning to your role as Regional Clinical Coordinator in developing and supporting clinical support systems within your particular region, one of the most important things that you will have to do is to separate your role as an administrator in the Regional Office from your role as a support person for the NHSC doctors in the field. There are clearly times when you will have to act as an administrator to lay down firm rules and to see that people follow the regulations appropriately. However, at the same time, you should be open to playing more of a support role. You should be able to listen to problems, to try to see what the underlying problem is and whether simple changes can resolve those problems. You may also have to be able to function as an ombudsman to cut through the administrative procedures to solve a problem for a practitioner in the field.

The specific responsibilities that you will have as Regional Clinical Coordinator with respect to clinical support systems would be:

- to develop a mechanism for understanding the needs of the NHSC practitioners in your region and to maintain a high level of communication with your practitioners;

- to identify appropriate resources within each of the states in your region that might be able to provide some of these support services;
- to develop specific projects with the medical center that would meet those needs;
- to evaluate the effectiveness of the whole program so that ongoing planning can make the program over the years become increasingly more effective in supporting the Corps practitioners.

To understand the needs and maintain contact with NHSC practitioners.

Identifying the needs of the NHSC providers is probably the most important single step that you can do. In our project, we have called this performing a needs assessment. Undoubtedly, the best approach in developing a good working relationship with a practitioner and in understanding his situation and his needs is a personal visit to him in his particular clinic. This personal contact in the field is important in many ways. It allows you to see the practitioner in his own setting on his own terms. That is so much different from the practitioner seeing you in your office in the big city. He is on his own "turf" and can deal with you in a much more open frame of reference. Second, this provides you a chance to see the clinic and get a feel for the facilities, the rest of the staff, the kinds of patients that are likely to come, and so many of the other parameters that are important in understanding a physician's practice setting. No amount of reading reports will replace that feel for the setting. Third, this gives you a chance to tell the physician non-verbally that you really care about what his practice is like. The fact

that you are willing to spend time and money to go to him has an important value in establishing the kind of supportive relationship you would like. Obviously, there are drawbacks in this approach. It is expensive in terms of travel costs and in terms of your time which is a very precious commodity. It is our feeling that each provider should be visited at least once in his home setting. From that time on, you can maintain a relationship through a number of other means but at least one visit would be absolutely essential. Then you can take advantage of regional meetings and telephone calls to keep in touch. To clarify particular issues, you can also send out questionnaires to identify needs in continuing education, or to evaluate different ideas that you have. You can selectively call physicians in your region or within a given state to find out how they feel about a particular problem. In many of our continuing medical education workshops, after we have a general idea of the topics that we have gleaned from personal visits and from a general questionnaire, we have called 2 - 3 physicians who have expressed interest in a particular topic and asked them exactly what they would like to learn about a particular area. This allows a better refinement of learning objectives for the workshop.

In the process of carrying out a needs assessment, what specifically should you be looking for? The most important point is that you need to stimulate the practitioner to think about his own growth as a medical practitioner. So you need to help him verbalize what he would like to do with his medical career, what areas of weakness he feels in general and specifically related to his own current practice of medicine, and to help him define what we call learning objectives. That is, he needs to define areas where he feels weak and to define as clearly as possible what he

needs to learn in terms of knowledge, particular skills, or change in attitude concerning a certain problem. This is discussed in some detail in our manual directed towards the physician in the field. In addition to helping identify his own learning needs, you should be aware of problems that you see in the clinic setting that the provider isn't sensitive to. For instance, if the practitioner is going to take over a family planning program, does he have adequate background and experience to handle it? Do you find that he is working in an area with a lot of alcoholism and yet seems to be unwilling to treat patients with alcoholism effectively? Should you plan on making a push for alcoholism treatment education as part of a clinical support continuing education activity? Has the physician established an adequate network of referral physicians or is this an area you need to help him get started? All of these are things that he might not be ready to verbalize but areas where you can make your own observations. In our initial work, we used a long, fairly complex instrument which we have since found to be rather inconvenient. We now use a simple check sheet to remind us of topics to cover. A copy of this is included as Appendix A.

To identify appropriate resources within each state in your region.

Now that you have discussed needs for continuing education and clinical support with physicians in your area, you have to find educational resources that can potentially meet those needs. It is important that you have a good idea of all resources available in each area because it is not necessarily true that the regional medical school is the only or even the best resource. In some areas, there are non-profit organizations

that have been set up to provide these kinds of support services to rural areas. An example of this is the Mountain Plains Outreach Program (MPOP) in Colorado. Area Health Education Centers (AHEC) are another resource that heretofore has not been as fully utilized by the National Health Service Corps as directed in the legislation, but conceivably could provide the kinds of services you are looking for. In some areas, large private practice clinics are interested in expanding their impact in rural areas and would be willing to do the same thing. There is, for instance, a clinic in Montana that is providing many clinical support services to practitioners in that area.

The first problem that you will then face is to find an individual or group within the institution that is willing to talk to you about your problem. Perhaps the organization has an Office of Continuing Education that would be the first logical place to check. Often, at least in universities, the Department of Family Practice or Community Medicine is interested in problems of rural practice and might be prepared to participate in a program. Sometimes the only way to find a contact within an institution is by word of mouth or by referrals from people in the regional office or from practitioners in the field who might know a responsive physician within a medical center. Sometimes you only find the right resource person by luck.

As you talk to physicians within the medical school or other institutions, it is important for you to have an idea of how your project can be of benefit to the institution. Often a continuing education program is short of funding and the chance to have a dependable regular financial

input can be very important. Likewise a medical school may be having problems with the rural legislators in the state government and needs to improve its image by showing an impact in the rural areas of the state. The medical center may also be in competition with other hospitals and clinics for referrals from around the state. This sort of a program can be considered as a way to increase the number of referrals to the medical center. These are some points that would be useful to you as you begin to negotiate with the medical center about starting such a project.

One little warning at this point is that you should pay attention to the political ramifications of these projects. It would be important to know, if there are two or three institutions in the state that could conceivably operate a project, whether they have divided up the territory into spheres of influence. Or are there other constraints operating in any given institution. It is important to be aware of these potential problems and to try to maintain a position of neutrality with respect to inter-institutional warfare and to at the same time create programs that will indeed benefit the target population.

To develop specific projects with each institution.

Now let us suppose that you have canvassed the National Health Service Corps providers in your area and have some ideas of their problems and needs and that you have identified an institution that is interested in setting up a project to address those needs. What are the next steps that you need to follow? Before you go much further, you should have some idea of the availability of funds to support this project. It is

important for the institution to know how much money will be available to them, since it is much easier to plan a simple inexpensive project than it is to develop a complex and expensive project that will have to be cut back considerably if it is to be funded.

Second, it is important before you get too far along developing a project to have a good understanding of the contracting process in your regional office. As I am sure you are well aware of by this time, there are numerous regulations on how grants and contracts are developed and it is important that you comply with these as best as possible. The only way you can do this is by knowing the procedures and by keeping somebody in the contract office in your regional office informed of your plans as you go along. This might save you some real heartaches if you get too far along the planning process and discover that contracts have to be let on a competitive basis.

Third, you have to bring the institution into the planning process. One approach might be to help the institution administer the questionnaire developed by us to evaluate perceived needs in rural areas. (A copy of it is included as Appendix B.) Undoubtedly the questionnaire should be modified by you and the medical center. Perhaps in the beginning, your office should subsidize the distribution of the questionnaire once the final form has been agreed upon. At the same time, it would be useful for the contacts within the institution to visit some of your rural centers to get a feel for NHSC clinics in the rural areas. You could choose three or four representative sites where there are particularly articulate practitioners who can convince the institution of the sorts of needs and interests they have.

Hopefully, by the time you have gotten this far you will have found a program director within the institution who is interested in what you are trying to do and eager to work with you. If you can not find someone, perhaps it would be better for you to drop that institution and hope that in another state you will find an institution that is responsive. The sorts of programs that this project is talking about requires a dedicated, interested, and involved faculty. It is not the sort of project that will operate on the basis of unenthusiastic direction.

To evaluate the effectiveness of the program.

It is very important that you make an effort to evaluate how effective any program that you develop is. Not only should you make sure that the institution complies with the terms of the contract, but more importantly you should look honestly and objectively at each program to look for ways of continuously improving the system. There are essentially three areas that need to be evaluated with this sort of project.

First, you have to be certain that the institution is fulfilling the contract as specified. That is, you should seek documentation that the physicians are actually going out and making visits in the rural areas, that they conduct workshops that they contracted to, and that the telephone referral network actually functions. This is probably the least important step in the evaluation, but one that must be carried out to some extent.

Second, you need to know whether the program is effectively meeting the programatic goals you set up. That is, does the telephone referral network actually function well? Are the providers in the field comfortable with the kinds of referrals they make through the system? Are patients

being returned to the physicians in the field with copies of the work-ups? Are the people operating the system polite, friendly, and responsive? If the project is conducting continuing education workshops, are they need-oriented? Do the practitioners feel that the instruction is directed to their level of need? Do they enjoy going to the workshops? For each of the programs that you have delineated within the project, you need to ask some hard questions on whether the programs are effective or not. The purpose of this is primarily to allow better planning and modification of the program so that in the future it would be even more appropriate and effective.

Finally, it is important that you remember the purpose of this project is to meet the individual needs of the practitioners in the field. If you have been successful in stimulating certain practitioners to develop a list of learning objectives, have these objectives been met in part or completely by the program? As you talk to the practitioners, it is important to find out whether they have made any progress in the areas that they have identified and have set new goals and challenges before them. This is one way of keeping them excited and interested with their practice in rural areas.

SUMMARY

In this small pamphlet, we have attempted to give you some ideas of what we at the University of New Mexico have meant by the idea of a clinical support system. We have listed some of the responsibilities that you as Regional Clinical Coordinator should carry out with respect to developing a clinical support system. We have suggested how you can evaluate the

needs of practitioners within your area and how to identify resource institutions that can provide the actual clinical support system.

We have suggested how you can evaluate the needs of practitioners within your area and how to identify resource institutions that can provide the actual clinical support system. Hopefully, with this information you will be able to proceed down the road. I have included in this package the manual we are directing towards the institutional project director which contains further ideas on educational techniques and objectives. The combination of these two should allow you to get something off the ground.

APPENDIX A

PERSONAL C.M.E. ASSESSMENT

NAME _____

DEGREE _____

LEVEL OF TRAINING

OBSTACLES IN GETTING C.M.E. CREDIT

AREAS OF NEED

KNOWLEDGE

SKILLS

PROBLEM AREAS
ATTITUDES

Internal Medicine

Pediatrics

OB/GYN

Surgery

Orthopedics

ENT

Ophthalmology

Dermatology

Psychiatry

Radiology

Emergency Medicine

MINI-RESIDENCY

OTHER NEEDS

CLINIC DATA

LOCATION

TYPE OF FACILITY (Clinic, office, solo, group)

HOSPITAL CARE (Have privileges? Follow own hospitalized patients?)

REFERRAL CENTER(S) (Adequacy)

Internal Medicine

Surgery

Pediatrics

OB/GYN

Orthopedics

Psychiatry

Other

EMERGENCY CARE

HOME VISITING

PUBLIC HEALTH PROGRAM (Relationship vis-a-vis records)

Vaccination

Family Practice

School Health

CLINIC OWNERSHIP (Problems)

OTHER PROVIDERS IN THE AREA

M.D., D.O. (Working relationship)

Traditional healers

CATCHMENT AREA

Boundaries

Population

Ethnic, socio-economic background

Where do people go for routine care?

Who are key community leaders?

MONTHLY VISITS

STAFFING

Providers

Nursing

Business

CLINIC PROCEDURES

Appointments

Special Clinic

After hours

Routine P.E.

Screening exams

HEW initiatives

Chronic disease registers

Chart reviews

APPENDIX B

QUESTIONNAIRE FOR NATIONWIDE

NAME _____

ADDRESS _____

To complete the questionnaire, please circle your answer. When you have completed the questionnaire, please return it in the enclosed self-addressed envelope.

Thank you for your cooperation.

1. Age:

25 - 34

35 - 44

45 - 54

55 or more

2. Sex:

Female

Male

3. Marital Status:

Married

Single

4. Type of Practice:

Family Practice

General Internist

General Pediatrics

Specialist _____

5. Organization of Practice:

Solo

Partnership

Group (Greater than two)

6. Remuneration of Practice:

Fee for Service

Salary

7. Community Size:

Less than 5,000

5,000 - 10,000

10,000 - 20,000

More than 20,000

8. Number of years of internship and residency training:

1 year

2 years

3 years

4 years

5 years or more

9. Number of years you have been a practicing physician (excluding internship and residency):

Less than 2

2 - 4 years

5 - 9 years

10 or more

10. Number of years in current community:

Less than 2

2 - 4 years

5 - 9 years

10 or more

11. Do you feel the need for more practitioners in your area:

Not Needed

Greatly Needed

1

2

3

4

5

6

12. Are there specialties which you feel are needed in your area:

13. How useful would it be for the university to facilitate locum tenens for your practice:

Not Useful

Very Useful

1 2 3 4 5 6

14. In your present situation, obtaining CME credit to maintain licensure is:

Very Difficult

Very Easy

1 2 3 4 5 6

15. In your present situation, keeping abreast of medical knowledge relevant to your practice is:

Very Difficult

Very Easy

1 2 3 4 5 6

16. Please rate each of the following educational approaches in regards to maintaining your competence as a physician:

Not Helpful

Very Helpful

a) traditional CME conference	1	2	3	4	5	6
b) traditional CME conference and ski weekend or equivalent	1	2	3	4	5	6
c) seminar with emphasis on discussion among peers	1	2	3	4	5	6
d) seminar with "hands on" clinical experience	1	2	3	4	5	6
e) individualized postgraduate clinical training at a medical school (1 week to 2 months)	1	2	3	4	5	6
f) self-study material that can be performed at your convenience	1	2	3	4	5	6

17. Would it be helpful to you for CME programs to address:

	Not Helpful				Very Helpful	
a) Management planning for your office or clinic	1	2	3	4	5	6
b) Spouse adjustment	1	2	3	4	5	6
c) Cultural aspects of medical care	1	2	3	4	5	6
d) Intensive Spanish language instruction	1	2	3	4	5	6
e) Other _____						
_____	1	2	3	4	5	6

18. Would you find on-site audio/visual CME presentations helpful in maintaining your competence as a physician:

Not Helpful				Very Helpful	
1	2	3	4	5	6

19. Please rate the potential usefulness of the following:

	Not Useful				Very Useful	
a) Videotaped grand rounds	1	2	3	4	5	6
b) Telephone conference journal club	1	2	3	4	5	6
c) Audio tape presentations	1	2	3	4	5	6
d) Studio-prepared instructional videotapes	1	2	3	4	5	6

20. Have you ever served as a preceptor for a student or House Officer:

Yes

No

21. a) Are you interested in being a preceptor for a fourth year medical student or House Officer:

Not Interested

Highly Interested

1

2

3

4

5

6

b) To what degree would this contribute to your satisfaction as a practitioner:

Not At All

Very Much

1

2

3

4

5

6

22. a) Are you interested in being an attending physician in the University Medical Center clinics for a 1/2 day each month:

Not Interested

Highly Interested

1

2

3

4

5

6

b) To what degree would this contribute to your satisfaction as a practitioner:

Not At All

Very Much

1

2

3

4

5

6

23. Has your spouse found it difficult to adjust to your community:

Very Difficult

Very Easy

1

2

3

4

5

6

24. Has your spouse found pursuing career opportunities:

Very Difficult

Very Easy

1

2

3

4

5

6

25. a) Are there any resources or programs that could be made available to increase your spouse's satisfaction with living in your practice area:

Yes

No

b) If yes, what:

26. Would it be helpful for the University to provide education/information to to your community concerning:

Not Helpful

Very Helpful

a) Excessive night call	1	2	3	4	5	6
b) Acceptance of your lifestyle	1	2	3	4	5	6
c) Your need for continuing education	1	2	3	4	5	6
d) Your problem of living in a "fish bowl"	1	2	3	4	5	6
e) Your need for an adequate clinic or office	1	2	3	4	5	6
f) Other _____	1	2	3	4	5	6
_____	1	2	3	4	5	6

27. Would it be helpful to have the University assist you in establishing satellite clinics to serve isolated geographical areas:

Not Helpful

Very Helpful

1 2 3 4 5 6

28. Would you find it useful to have an office at the University to help you obtain library reference material:

Not Useful

Very Useful

1 2 3 4 5 6

29. Would you find it useful to have a library service which circulates up-to-date articles and journals:

Not Useful

Very Useful

1 2 3 4 5 6

30. In your current situation, do you find making referrals:

Very Difficult

Very Easy

1 2 3 4 5 6

31. How would you rate the follow-up you receive from patient referrals:

Unsatisfactory

Very Satisfactory

1 2 3 4 5 6

COMMENTS _____

32. a) Would you find it useful to have an office which would be available to coordinate referrals to the University Medical Center:

Not Useful

Very Useful

1 2 3 4 5 6

- b) How often do you think you would use the above service:

Weekly

Twice a Month

Monthly

Less than Monthly

- c) Which of the following would best facilitate your referrals to the University Medical Center:

Not Useful

Very Useful

- 1) a non-physician coordinator who would contact the appropriate specialist

1 2 3 4 5 6

- 2) a physician contact who would coordinate referrals

1 2 3 4 5 6

- 3) a panel representing the major specialties

1 2 3 4 5 6

33. In the past, how interested has the University Medical School been in you and your practice:

Not Interested

Highly Interested

1 2 3 4 5 6

34. a) Have there been any projects at the University that have assisted you in your practice:

Yes

No

b) If yes, please list:

35. COMMENTS
